



New Jersey Department of Children and Families Policy Manual

Manual:	CP&P	Child Protection and Permanency	Effective Date:
Volume:	II	Intake, Investigation and Response	
Chapter:	B	Intake	8-29-2011
Subchapter:	1	Processing Specific Referrals	
Issuance:	600	Child on Child Sexual Activity	

Authority

8-29-2011

In accordance with N.J.S.A. 9:6-8.18 and N.J.S.A. 30:4C-11, the Department of Children and Families, Division of Child Protection and Permanency, shall, upon receipt of such report, take action to assure the safety of the child under NJSA 9:6-8.11.

Action Taken by SCR

8-29-2011

The SCR Screener assesses the appropriateness of the parent's/caregiver's reaction to these activities. The SCR Screener also determines whether a Child Welfare Services Assessment, or a Child Protective Services Investigation is needed to protect the child, to further assess risk, or to provide services to the parents. If the referral meets the criteria of a Child Welfare Services Assessment, the SCR Screener shall create a Child Welfare Services Assessment (CWS) intake in NJ SPIRIT using the Service Type of Child with Child Emotional Behavior.

The SCR Screener creates a separate referral for each child involved in the child-on-child sexual activity incident. The SCR Screener then assigns each referral to the appropriate CP&P Local Office or the after-hours SPRU Worker for assessment. (The only exception is when all the children involved in the sexual activity case reside in the same household, then only one Worker is assigned to the family.) If there is an open case, a Related Information (RI) referral can be generated.

Action Taken by the Assigned Worker(s)

8-29-2011

Each assigned Worker takes action, as necessary, to establish contact with the child to whom he or she is assigned. The Worker assesses the parent/caregiver to determine his/her role or knowledge in the child-on-child sexual act/activity. If it is determined that the parent/caregiver was knowledgeable of the acts/activity and failed to stop the activity, encouraged the act(s), or failed to provide adequate supervision, the Worker shall immediately consult his or her Supervisor. If the Supervisor concurs, contact SCR. SCR generates a CPS report in which the parent/caregiver is named as the perpetrator. SCR then assigns the CPS report back to the Local Office for investigation.

The Worker takes action to determine whether the child was him or herself a prior victim of sexual abuse, or engaged in sexual activity prior to the incident.

A case is established on each child. Each child has a separate Worker. In addition to regularly scheduled MVR's, Workers and Supervisors overseeing the children maintain regular communications with one another to share information and document changes/developments in the cases.

Each parent/caregiver is assessed for appropriateness and ability to process the recent events concerning his or her child. It is important for the assigned Worker to be aware of the possible challenges and trauma facing the child and families at this time and be able to offer a supportive role in their lives. When engaging the family, it is imperative to use active listening skills, as the family may be saying one thing and their actions another.

In some cases of child-on-child sexual activity, there are no defined roles, thus each child played a mutual part in the act or activity. However, in other cases, there may have been an initiator and a participant(s). In cases such as this, the Worker determined through the course of the assessment whether or not the participant's involvement was through force, manipulation, or intimidation. Use the information gathered to better guide the case and direct the child or family toward treatment, if needed. Document the information in the referral to the RDTC.

Sexual acts and sexual activity between children can reveal a range of emotions in families, especially parents/caregivers. Some may find the acts/activity to be normal "child's play," while others may be embarrassed and ashamed, even voicing disgust. It is imperative that the assigned Worker be perceptive to the family's feelings and address them appropriately. The assigned Worker discusses with the family the benefits of a medical evaluation for the children and encourage them to utilize the services of a designated Regional Diagnostic and Treatment Center for Child Abuse and Neglect, for evaluation and assessment for services and service delivery.

If a family refuses the services of a Regional Diagnostic and Treatment Center for Child Abuse and Neglect (RDTC), make efforts to have the child evaluated by their pediatrician. If the parent/caregiver refuses a pediatric evaluation, the assigned Worker shall present information to his or her Supervisor and Casework Supervisor for a comprehensive case review, and, when necessary, consult the Deputy Attorney General to determine how best to proceed with the case.

Relevant NJS Windows and Forms

8-29-2011

NJS forms:

- DCF Form [1-1](#), Screening Summary
- DCF Form [3-1](#), CWS Assessment Summary

NJS windows:

- Person Management Window
- Maintain Case Window

Relevant Policy**8-29-2011**

- [CP&P-II-A-1-100](#), State Central Registry (SCR)-Centralized Screening
- [CP&P-II-E-1-1800](#), Sexual Exploitation
- [CP&P-II-E-1-2100](#), Inadequate Supervision